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DSL-BQA-99-050

To: Nursing Homes  
Hospitals  
Hospices

NH- 26  
HOSP- 20  
HSPCE- 16

From: Susan Schroeder, Director  
Bureau of Quality Assurance

### **Resident Assessment Instrument (RAI) and Minimum Data Set (MDS) Automation**

This memo addresses the current status of Minimum Data Set (MDS) automation and the Resident Assessment Instrument (RAI). If you have any further questions regarding these issues, please contact Billie March, RAI Coordinator, at (608) 266-7188, or Chris Benesh, MDS/OASIS Automation Coordinator, at (608) 266-1718.

Exhibits attached to this memo - nursing homes only:

1. MDCN Connectivity for MDS Data Questionnaire
2. Health Care Financing Administration – Transmittal #8
3. MDS Key Field Correction Form

#### **MDCN Connectivity for MDS Data Questionnaire**

All Wisconsin nursing homes must complete the **MDCN Connectivity for MDS Data** questionnaire and return the completed questionnaire to the MDCN Help Line by September 17, 1999. This new system creates a separate network for telecommunications access to state MDS systems and a second layer of user authentication for added security. It does **not** change where MDS data is sent. Wisconsin MDS data will still be transmitted to, and stored on the state's MDS server. Support for the new telecommunications network will be provided by the MDCN Help Line at 1-800-905-2069. State staff will continue to provide support for all other aspects of the MDS automation process, including help with validation reports, confirming receipt of files and records, key change requests, Quality Indicator reports, and server problems.

#### **New MDS Staff**

The Bureau of Quality Assurance is pleased to announce the addition of two new staff to the MDS team. Chris Benesh assumes the duties of MDS Automation Coordinator beginning September 1. Chris formerly worked in BQA but left in 1996 for assignments with the Center for Health Systems Research and Analysis at the UW-Madison and, more recently, the DHFS Center for Delivery Systems Development. Cindy Symons, formerly with BQA's Resident

Care Review Section, was promoted to MDS Technical Analyst July 12. Cindy will provide primary support to nursing facilities with their MDS submissions. Chris will provide backup support for MDS submissions and have responsibility for overall coordination of Wisconsin's automated MDS system and communications with HCFA and other states. Richard Betz, who has been serving as MDS Automation Coordinator for the past 18 months, now supervises the Information Resources and Analysis Unit in BQA, which includes the MDS team, other federal and state information systems, and BQA's records center. Richard will continue to provide support to nursing facilities while Chris and Cindy become acclimated to their new roles.

Cindy Symons can be reached at **608-266-9675**. Chris Benesh can be reached at **608-266-1718**. Richard's number remains **608-264-9898**. You may also email questions to all three at [symoncg@dhfs.state.wi.us](mailto:symoncg@dhfs.state.wi.us), [benesce@dhfs.state.wi.us](mailto:benesce@dhfs.state.wi.us), or [betzrh@dhfs.state.wi.us](mailto:betzrh@dhfs.state.wi.us).

#### **Obtaining Quality Indicator (QI) Reports**

Nursing homes can now access their facility's quality indicator reports from the national standard reporting system. A step-by-step guide to obtaining quality indicator reports follows:

1. Dial in to the MDS system using a modem-to-modem connection or the new MDCN protocol.

2. Start your browser and login to the MDS WELCOME PAGE.
3. Click on the link for **Analytical Reports**, or change the URL in your browser's address line to <http://111.111.111.100/report.shtml> and press ENTER on your computer keyboard.
4. Wait for the Provider Feedback Reporting System main page to fully load. This may take a couple of minutes depending on the speed of your connection. You'll know the page is loaded when the gray button near the top of the page is active and the words "**Request Reports**" are visible. When they are, click on the "**Request Reports**" button.
5. Choose the reports you want to run from the list of **Available Reports** by highlighting the name of each report with your mouse button and clicking on the button labeled "**Add**." If you want all of the available reports, just click the button labeled "**Add All**."
6. Under **Options** check "Custom Settings."
7. Specify the **Begin**, **End**, and **As Of** dates under **Common Settings**. It is recommended that reports span at least the past three months to ensure that the reports include the most recent assessment for all residents currently in the facility.
8. Click the button at the bottom of the page labeled "**Next**."
9. On the next page, ensure that "**Display reports online**" is checked, then click on the button labeled "**Submit**."
10. Once your reports are finished running, highlighted hyperlinks for each report will appear on the computer screen. You may click on the links to view the reports online. If you wish to print the reports, it is strongly recommended that you save the report files to your computer's hard drive first. This will eliminate many printing problems.
11. To save the report files, position your mouse pointer on the link for one of the reports, depress the right mouse button, highlight the option "**Save Link As**," specify a location and file name, including an extension of **.pdf** (for example, Report1.pdf), and choose **Save**. All of the reports you ran will be saved in a single file with this file name. Once the file is finished downloading, exit the MDS system and close your dialup connection.
12. To print the reports, start the Adobe Reader program, go to the directory in which you saved the report file and open it. The reports will display on your computer screen and you may then browse them and print them out like any other PDF file.
13. If you have problems, consult the *Facility Guide for the Nursing Home Quality Indicators*, which should be downloaded from the Provider Feedback Reporting System main page the first time you access it.

### Keep Current on RAI MDS and PPS Information

Current information about MDS and the Medicare Prospective Payment System (PPS) requirements can be obtained electronically from the INTERNET. In addition, information will also be posted at the **Bulletin** section on the MDS system. Important INTERNET addresses include:

MDS information:

<http://www.hcfa.gov/medicare/hsqb/mds20>

Medicare PPS information:

<http://www.hcfa.gov/medicare/snfpps.htm>

Wisconsin - State information:

[http://www.dhfs.state.wi.us/reg\\_licens/index.htm](http://www.dhfs.state.wi.us/reg_licens/index.htm)

### MDS Tracking Forms

All MDS tracking forms must be completed as part of the federal assessment requirements. This includes the *Basic Assessment Tracking Form*, *Discharge Tracking Form* and *Reentry Tracking Form*.

An analysis of MDS data submitted to the state has indicated that not all nursing homes are using the *Discharge* and *Reentry Tracking Forms* appropriately. This alters the validity of the MDS data and can also affect your quality indicator reports by skewing the apparent resident census. For residents who are discharged prior to completing an *admission assessment* (required by day 14) complete a *Discharge Tracking Form* and code Reason for Assessment at Section AA8 as 8-Discharged prior to completing initial assessment and complete the subsections of Section AB, A and R. This applies whether or not the resident is in a Medicare stay.

### MDS Errors and Correction Policy

The accuracy of MDS data is critical. Facility staff need to assure that MDS is accurate when the information is transmitted to the state. It is evident from submitted data that this is not always happening the way it should. For example, record audits have identified weights ranging from 11 pounds to 961 pounds and heights ranging from 5 inches to 94 inches. Many times, such invalid data will never be flagged as an

error on your feedback reports, so it is incumbent on facilities to implement internal data quality assurance procedures.

There are three types of errors that facilities may encounter when submitting MDS data to the state system: (1) **fatal file errors**, (2) **fatal record errors** and (3) **non-fatal errors**. A downloadable file listing and describing all fatal and non-fatal errors can be accessed from the MDS Welcome Page.

**Fatal file errors** result in rejection of the entire file (batch status "REJECTED" on the Initial Feedback Report). Fatal file errors include missing, mismatched, or invalid Facility ID numbers in the header record or individual resident records, missing header or trailer records, invalid data in the Record ID field, and a space or null value in the AA8a (primary reason for assessment) field.

**Fatal record errors** (number of records rejected greater than 0 on the Initial Feedback and Final Validation reports). Fatal record errors result in rejection of one or more individual resident records. Fatal record errors include invalid AA8a/AA8b combinations, lack of resident identifying information (last name and social security number), missing required dates (e.g. A3a, R2b, VB2, VB4), and duplicate assessments (attempting to resend an assessment that has already been submitted to and accepted by the state system).

**Non-fatal errors** do not result in rejection of a record. Non fatal errors include missing or questionable data of a non-critical nature, record sequencing and timing errors, and field consistency errors. Non-fatal errors are reported to the facility in the "Final Validation Report."

**Fatal file errors** and **fatal record errors** require that the facility correct the error(s) and resubmit the records as appropriate by the required date (i.e. within 31 days of the final lock date). If a submission contained a fatal error(s) in some records and the remaining records were accepted, you cannot resend the same file, because the accepted records have already been loaded into the state database and resubmitted records will be rejected as duplicates. Only the records that were rejected due to fatal record errors should be resubmitted (after the corrections are made).

**Non-fatal errors** in locked records can be classified as either **KEY field errors** or **non-KEY field errors**. The correction procedures facilities should follow are described below.

#### Correction Policy for KEY Field Errors in Locked Records

Refer to the attached flowchart "Overview of MDS 2.0 Correction Policy."

When facility staff detect an error in a locked MDS record, they must first determine whether the error is in a *KEY field*. *KEY fields* include important resident and facility identifiers, dates, and disposition information. *KEY fields* in the MDS version 2.0 were identified in BQA Memo DSL-BQA-98-037, on the Key Field Correction Form, and at the HCFA MDS website:

<http://www.hcfa.gov/medicare/hsqb/mds20>

To correct an error in a *KEY field* in an MDS record in the State database, the facility must submit a **Key Field Correction Form** (attachment) to the State, indicating both the "submitted-incorrect" and the "corrected" values(s). State staff will review the request and correct the record in the State database. The facility must have a method to assure that subsequent assessments include the corrected data value. *KEY field* changes may be requested by the facility at any time, but should be submitted as soon as possible after the error is detected.

When an MDS record is rejected by the Standard MDS system at the State due to an error in a *KEY field*, the facility may unlock the record, correct only the *KEY field* error(s), and relock the record, using a new lock date, and retransmit the record to the State.

#### Correction Policy

HCFA is developing a new correction policy; this correction policy will be presented at the annual Resident Assessment Instrument training for State and Regional RAI Coordinators in September 1999. BQA will forward this information to nursing facilities as soon as it is available.

When facility staff detect an error in a locked record that is not a key field, the procedure for correcting the error depends upon the significance of the error and the resident's status at the time the error is discovered. If the error(s) is "**major**"--that is, it results in misrepresentation of the resident's clinical status--the facility must determine whether the resident's status has changed since the assessment reference date (Item A3a) of the record containing the error. If the resident's status has changed, a *Significant change in status assessment* (Section AA8a=3 & Section A8a=3) must be completed. If the resident's status has not changed, a *Significant correction of prior assessment* (Section AA8a=4 or 10 & Section A8a=4 or 10) must be completed.

Non-major errors do not need to be corrected in the current assessment, but must be corrected prior to the next scheduled MDS record submission.

Facility staff make the determination as to whether the error is major. Document in the medical record to support this decision.

### Validation Error #81

On the Final Validation Report you will occasionally receive a message that reads: "Field Update: The above field was updated on the resident table." A field such as the resident name, social security number, or the "Facility Internal ID" will be listed with OLD= and NEW= values. This is a warning message only and does not usually require any corrective action on the part of the facility.

A new Facility Internal ID indicates that this resident was previously in a different facility and is simply the system's way of tracking individual residents.

If you receive Error #81 in regard to resident information that you supply during the assessment, it means that some information, such as the spelling of the resident's name, was changed on the most recent assessment. In this case you should simply ensure that the NEW information is correct. If it is, nothing more needs to be done and the message can be disregarded. If it is not, then the change was probably inadvertent and the normal procedure for correcting errors should be followed.

### Resident Census And Conditions Of Residents HCFA-672 (7-99)

The HCFA-672, Resident Census and Conditions of Residents was revised in October 1998. Two new categories were added at Section G - Other, F144-*Received influenza immunization*, and F145 *Received pneumococcal vaccine*.

There is no federal requirement for the automation of the HCFA-672 form. The HCFA-672 is designed to be a representation of the facility during the survey; it does not directly correspond to the MDS in every item. Facilities may use the MDS data to start the HCFA-672 form, but must verify all information, and in some cases, re-code the item responses to meet the intent of the HCFA-672 to represent current resident status according to the definitions.

### Roster/Sample Matrix –HCFA-802 (7/99)

The Roster/Sample Matrix form (HCFA 802) is used by the facility to list all current residents (including residents on bedhold) and to note pertinent care categories. The facility completes the following: resident name, resident room and columns 6-33, which are described in the Roster/Sample Matrix Provider instructions. All the remaining columns are for **Surveyor Use Only**.

The new HCFA-802 is keyed to the facility Resident Level Summary Quality Indicator Report. There is not a federal requirement for automation of the HCFA-802 form. The facility may use MDS information for completing the HCFA-802, however, there is not a coding crosswalk for every item on the survey forms, and some items must still be coded manually. MDS information taken from the facility database and used to complete this survey form could be as much as a year old; therefore the facility must review the information and update it so that it is current. In some cases the facility must re-code the item responses to meet the intent and the definitions of the HCFA-802 form.

The facility completes the Roster/Sample Matrix to the best of their ability by the end of the survey Initial Tour, or provides this information in some other format (e.g., computer-generated list). The facility may make modifications for accuracy or add additional information within 24 hours.

### Section U

The federal Health Care Financing Administration has indicated that a revised Section U – Medications will be required October 1, 2000. A draft of the revised Section U is not available at this time.

### Medicare Demand Billing

The federal requirements for Demand Billing have not changed. After written notice is given to the beneficiary of non-coverage by the skilled nursing facility (SNF), at the beneficiary's request the facility should submit the Demand Bill to the fiscal intermediary (FI) for review. The Health Insurance Prospective Payment System (HIPPS) rate code(s) must be present on the demand bill. This requires that the SNF perform an assessment of the beneficiary in order to classify beneficiary for purposes of payment. A SNF does not have to classify a beneficiary into a RUG group if he or she

does not meet the eligibility requirement for a three-day hospital stay. When disposition of the demand bill has been completed, and if the demand bill is approved, it will be paid based on the HIPPS rate code corresponding to the RUG group(s) the resident was in for the approved covered days. When the FI determines during its review of the associated medical documentation that the medical record does not support the level of services billed (e.g., review of the MDS, nursing and therapy documentation does not support the medical necessity or appropriateness of care reflected in the billed HIPPS rate code) the FI denies the demand bill. If the beneficiary disagrees with the FI's denial of the demand bill, the beneficiary has the right to appeal the determination.

### Medicare Swing Bed Hospitals

The Bureau of Quality Assurance (BQA) memos on MDS are being sent to Swing Bed and Critical Access Hospitals to provide current information about the RAI and MDS requirements.

Critical Access Hospitals are required to use the Resident Assessment Instrument for patients who use the swing bed benefit and have a stay of more than 14 days. There is no requirement for Critical Access Hospitals to transmit MDS information to the state.

There has been no new federal activity requiring the use of the Resident Assessment Instrument or MDS for other hospitals with swing beds.

### Transmission Problems

At times you may encounter problems when attempting to submit your MDS assessments. If you receive messages such as "There was no response. The server could be down or is not responding," please do not call the state. Continue trying to submit your assessments for at least 24 hours. If after 24 hours you are having the same problem, then contact Cindy Symons at 608-266-9675 or Chris Benesh at 608-266-1718. This will spare state staff from having to return dozens or hundreds of phone calls unnecessarily while ensuring that we become aware of problems with the state system in a timely manner. Your cooperation will be appreciated.

### Data Security

Security of resident specific information is of primary importance. Both federal and state regulations require the facility to safeguard clinical record information against loss, destruction, or unauthorized use.

Nursing home administrators need to ensure that all necessary measures are taken to secure resident specific MDS information. Password protection is an important part of protecting the security of electronic information. It is important for the facility to change their internal system passwords when staff who have access to the MDS system end their employment at the facility. If an ownership change or other development results in a change in facility administration or the replacement of key personnel such as medical records staff, the state should be contacted so a new MDS system password can be assigned. This will prevent access to your facility's data submissions, feedback reports, or Quality Indicator data by individuals who are no longer employed at your facility but who may know your current user ID and password.